

CLAIMS ONLY							Application Number <b>09/666642</b>		Filing Date		
							Applicant(s)				
							* May be used for additional claims or amendments				
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT						
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	
1.	I						51				
2							52				
3		I					53				
4							54				
<del>5</del>							55				
<del>6</del>							56				
7		I					57				
<del>8</del>							58				
<del>9</del>							59				
10		I					60				
11							61				
<del>12</del>							62				
<del>13</del>							63				
<del>14</del>							64				
15							65				
16							66				
17							<del>67</del>				
18							<del>68</del>				
19							<del>69</del>				
20							70				
21							71				
22							72	I			
23							73				
24							<del>74</del>				
25							<del>75</del>				
26							76				
27							<del>77</del>				
28	I						<del>78</del>				
29							79				
30							80				
<del>31</del>							<del>81</del>				
32							<del>82</del>				
33		I					83				
<del>34</del>							84				
<del>35</del>							85				
36							86				
37							87				
<del>38</del>							88				
<del>39</del>							89				
<del>40</del>							90	I			
41							91				
42							<del>92</del>				
43							93				
44							94				
45							<del>95</del>				
46							<del>96</del>				
47							97				
48							98				
49							<del>99</del>				
50							100				
Total Indep							Total Indep				
Total Depend							Total Depend				
Total Claims							Total Claims				

